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| Modified Early Obstetric Warning System (MEOWS) |
|  |
|  |  3 |  2 |  1 |  0 |  1 |  2 |  3 |
| Resp RatePer Minute |  <8 |   |  9-11 |  12-20 |  21-24 |  >25 |  |
| Heart RatePer Minute |  <40 |  41-59 |  |  60-100 |  101-110 | 111-129 |  >130 |
| Systolic Blood Pressure |  <60 |  61-79 |  80-100 |  101-140 |  141-160 |   |  >161 |
| Diastolic Blood Pressure |  <40 |  41-50 |  |  51-90 |  91-100 |  >101 |  |
| Temperature |  |  <35.0 C <95.0 F | 35.1-36 C95.1-96.8 F |  36.1-38 C 96.9-100.4 F | 38.1-38.5 C100.5-101.3 F | >38.6 C>101.4 F |  |
|  SaO2 |  <89 |  90-93 |  94-100 |  |  |  |  |
|  LOC | Somnolent-Responds to pain | Drifts off during conversation-Responds to verbal command |   Drowsy |  Alert | Agitation or Confusion | New onset of agitation or confusion |  |

 Score 0-1 Score 2-3 Score 4-5 Score 6 or >

Required Interventions

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| Green (0-1) | Continue to monitor and document findings. Inform charge nurse and/or house supervisor.  |
| Yellow (2-3) | Review patient status with charge nurse, OB Director and/or house supervisor. Notify provider with concerns and increase monitoring to every 2 hours. |
| Orange (4-5) | Immediately review patient status with charge nurse, OB Director and/or house supervisor and notify provider. Increase monitoring to every 5-15 minutes until score is less than 3 or less.  |
| Red 6 or > | Call provider for urgent bedside evaluation and Rapid Response team IMMEDIATLEY and prepare for imminent delivery or maternal rescue |
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